

Chicago Flu Update



City of Chicago Richard M. Daley, Mayor

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Chicago Department of Public Health Bechara Choucair, MD, Commissione

What is the risk?

The risk of influenza infection in Chicago continues to increase. Locally, the percentage of specimens testing positive for influenza has reached it's highest level since November 2009; increasing from 17.1% in week 2 to 26% in week 3. Influenza A strains continue to predominate with the percentage of influenza A strains subtyped as H1N1 doubling from the previous week, accounting for 50% of subtyped strains reported for week 3; up from 25% in week 2. Influenza B continues to circulate at low levels. The viruses identified locally are similar to the viruses chosen for the 2010-2011 flu vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir. Healthcare providers are reminded to consider influenza infection in the differential diagnosis of persons hospitalized with acute respiratory illness, and Chicagoans aged six months and older are encouraged to get vaccinated. Vaccine is available in doctor's offices, retail pharmacies, CDPH Neighborhood Health Centers, and immunization walk-in clinics. A list of CDPH clinics is available on the City of Chicago website¹ and by calling 311.

Are severe cases of influenza occurring?

Since the beginning of the influenza reporting season (October 2010), a total of 20 influenza-associated intensive care unit (ICU) hospitalizations among Chicago residents have been reported to CDPH. Of these, eight occurred in patients whose influenza-positive specimens were collected during surveillance week 3 (January 16-22, 2011). Among all hospitalized ICU cases, 55% were 50 years of age or older and all tested positive for influenza by PCR; 8 were subtyped as H1N1, 6 as H3N2, 1 as influenza B and 5 were not subtyped. No deaths among ICU cases have been reported. Cases meeting the current influenza reporting requirements² should be reported to CDPH via INEDSS³.

How much influenza-like illness is occurring?

For the week of January 16-22, 2011, with 15 hospitals reporting, 9.6% of emergency room visits were due to ILI (i.e., fever of 100°F or greater, with cough or sore throat). This is higher than levels reported during the same surveillance week in 2010 (Figure 1). With 10 Chicago ILINet outpatient clinics reporting, 1.9% of doctor's office visits were due to ILI.

Which influenza strains are circulating?

With 7 laboratories reporting, 95 (26%) of 369 specimens tested were positive for influenza in week 3. Among 87 specimens that tested positive for influenza A, 25 were subtyped as H3N2, 25 were subtyped as 2009 H1N1, and 37 were not subtyped. Eight specimens tested positive for influenza B (Figure 2).

Where can I get more information?

The Centers for Disease Control and Prevention's Flu-View⁴ report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois⁵ and Suburban Cook County⁶ are also available online.

Figure 1. Weekly reported percent of emergency department visits attributed to influenza-like illness, Chicago, by week, for current season (2010-2011) and previous season, October-May.

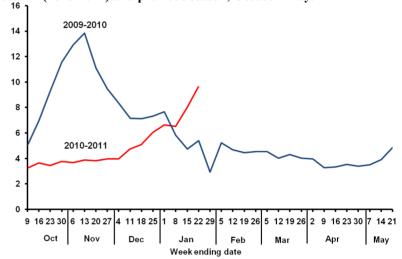
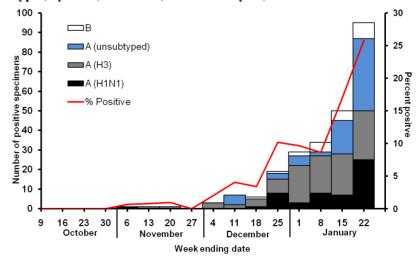


Figure 2. Influenza-positive tests reported by local laboratories serving Chicago hospitals that are equipped to identify influenza by types, by week, October 9, 2010-January 22, 2011.



¹http://www.cityofchicago.org/city/en/depts/cdph/provdrs/clinic/svcs/find a clinic.html;

² https://www.chicagohan.org/c/document_library/get_file?p_1_id=28960&folderId=24344&name=DLFE-144.pdf;

³ https://www.idphnet.com; ⁴http://www.cdc.gov/flu/weekly/; ⁵ http://www.idph.state.il.us/flu/fluupdate10-11.htm;

⁶ http://www.cookcountypublichealth.org/flu current situation